U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 timenders Return

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 01986

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.		4. Name, the number, and address of labor organization.			
Name Edward Cory	 e11	Name	Metropolitan Regi	onal Council of Carpen	ters
		Labor	Organization File Number	006-173	
P.O. Box, Bldg., Room No., if any		P.O. B	ox, Building and Room Nur	nber, if any	q
Street ,1803 Spring Garden Street		Street	1803 Spring Garde	n Street	
City Philadelphia		City	Philadelphia		-
State Pennsylvania Z	IP Code + 4 19130	State	Pennsylvania	ZIP Code + 4 1913	0
5. Position in labor organization. Executive Secretay-Treas/Bus. Mgr.					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).		7.a. Natu	ure of Interest, Transaction,	or Income.	
Name		*			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					i
		7.b. Amo	ount.		i

Signature

ZIP Code + 4

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Street

City

State

on <u>5-18-0</u>

215-569-1639

Date

Telephone Number

Name of Person Filing Edward Coryell	File Number U- 01986
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in- dealing with your labor organization or with a trust in which your labor organiz	wise dealing with the business ively seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Independence Blue Cross	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 1901 Market Street	c. Employer
City Philadelphia	
State Pennsylvania ZIP Code + 4 19130	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Carpenters Health and Welfare Fund	The Carpenters Health and Welfare Fund has an Insurance contract with Independnce Blue Cross to
Trade Name, if any:	provide health benefits to its members and dependents.
P.O. Box, Bldg., Room No., if any	
Street 1807 Spring Garden Street	·
City Philadelphia	11.b. Approximate dollar value of such dealing. \$32,600,9441 12.a. Nature of interest held or income received.
State Pennsylvania ZIP Code + 4 19130	Director's fees for attending Board and Committee meetings - \$19,800; Sporting event tickets on 1/23/05 & 3/23/05 - \$830 and a holiday gift of \$14 on 12/2005.
	12.b. Amount. \$20,644.
C. Received from any employer (other than an employer covered und	
	14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	
Trade Name, if any:	; ;
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	1 1 1
13.b. Is the Business an Employer or Consultant ?	14.b, Amount of payment.

Name	of I	Person	Filina	Edward	Corvoli

File Number U- 01986

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Standish Mellon Asset Management Company, LLC	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 5400	X b. Trust
	c. Employer
Street One Mellon Center	
City Pittsburgh	
State Pennsylvania ZIP Code + 4 15258-0001	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Carpenters Pension and Annuity Funds	Investment advisory fees.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 1811 Spring Garden Street	1
City Philadelphia)
State Pennsylvania ZIP Code + 4 1,9130	11.b. Approximate dollar value of such dealing. \$595,000
	12.a. Nature of interest held or income received.
	Sporting event tickets on:
	1/31/2005;3/2/2005 - \$ 896.00
	Dinner to discuss Trust Fund Business - \$ 263.00
	i i
	12.b. Amount.

DISCLAIMER

The transactions, dealings and interest that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2005 to December 31, 2005. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2005 to December 31, 2005, I will immediately file an amended LM-30 Report.

Signature

Date